

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Hallye Jordan		SSN or EMPLOYEE NUMBER* XXX-XX-XXXX		DEPARTMENT EO	
POSITION Deputy Controller, Communications	CB/ID No. R01	DIVISION or BUREAU EO			INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) NORMAL WORK HOURS

0800 - 1700

(2) PRIVATE VEHICLE LICENSE NUMBER

5TPL964

(3) MILEAGE RATE CLAIMED

0.500

(4) MONTH/YEAR July		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
27	0615	Sacramento to Los Angeles						323.40		9.00	12.00	6.00	338.40	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	323.40		9.00	12.00	6.00	0.00	338.40
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$338.40

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

8/3/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

8-3-10

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE